

LDL- \_\_\_\_\_  
(INTERNAL USE)



## LIMITED DURATION LICENSE APPLICATION (LDL) Temporary Vending

Event Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Activity Information

Address of Activity: \_\_\_\_\_

Public or Private Property? ☐ Public ☐ Private

Site Plan/Aerial Included? ☐ Yes ☐ No

Dates of Operation: Open: \_\_\_\_\_ Close: \_\_\_\_\_

Hours of Operation: Open: \_\_\_\_\_ Close: \_\_\_\_\_

Are you selling:

Food? ☐ Yes ☐ No      Alcohol? ☐ Yes ☐ No      Merchandise? ☐ Yes ☐ No

Vendor Names: \_\_\_\_\_

Items to be Sold: \_\_\_\_\_

Type of Set Up: ☐ Cart ☐ Within Tent ☐ Booth ☐ Truck ☐ Other

Temporary Signage? ☐ Yes ☐ No

Type of Activity: ☐ For sale to General Public ☐ Private, Ticketed Event (Food Vending)

Registered Retail Merchant? ☐ Yes ☐ No

County Health Department Approval (if necessary)? ☐ Yes ☐ No

Waste Disposal Plan: \_\_\_\_\_

Contact Information: \_\_\_\_\_

By submitting this application, I agree to release, indemnify, and hold harmless the City of Indianapolis from any liability or claim of damage related to activities identified herein whether caused by negligence of the City or otherwise. I affirm, under the penalties of perjury, that the foregoing representations are true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department of Code Enforcement | Business Licensing

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